

# Commonwealth of Virginia

**VDH Use Only**  
Health Department ID# \_\_\_\_\_  
Due Date : \_\_\_\_\_

## Request for Courtesy Review

Owner \_\_\_\_\_

Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_

Fax \_\_\_\_\_

AOSE/PE \_\_\_\_\_

Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_

Fax \_\_\_\_\_

Site Address \_\_\_\_\_

Email \_\_\_\_\_

Directions to Property: \_\_\_\_\_

Subdivision Name \_\_\_\_\_ or Tax Map \_\_\_\_\_

Other Property Identification \_\_\_\_\_ Dimension/size of lot/Property \_\_\_\_\_

Describe the site or soil feature you have identified as marginal or questionable. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the question to be discussed?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In order to process this request you must attach a completed site and soil evaluation report. This application is used in lieu of a certification statement (i.e., do not include a certification statement with your site and soil evaluation report).

I give permission to the Virginia Department of Health (VDH) to enter onto the property described above to perform a courtesy review as requested.

\_\_\_\_\_  
Signature of Owner/Agent

\_\_\_\_\_  
Date

I understand and acknowledge that VDH's findings will be advisory and non-binding on all parties.

\_\_\_\_\_  
AOSE/PE

\_\_\_\_\_  
Date